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Form LLC-5.5

December 2003

Jesse White Secretary of State Department of Business Services Limited Liability Company Division Room 351, Howlett Building Springfield, IL 62756 http://www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary

Illinois **Limited Liability Company Act** Articles of Organization



LC0299874

This space for use by secretary or state

Date 2/6/2004

Assigned File # 0110 985 5

Filing Fee

\$500.00

This space for use by Secretary of State

FILE DATE 2/6/2004

JESSE WHITE

SECRETARY OF STATE

_	or State."	Approved: P	MM	
1.	. Limited Liability Com	pany Name: EASY RE	ENT L.L.C.	
	(The LLC name have contain inc., ltd., co., lim'led numeral	the words limited liability company	/, L.L.C. or LLC and cannot contain the	terms corporation, corp., incorporated,
2.	The address of its rul	np, or E.P.) rcipal place of business:	(Post office box alone and c	O are unacceptable.
		NOETHLAKE, IL 601		- and analosophable.
3.		zation are effective on: (C		•
	a) the filing da	te, or b)ericiner	date later than but not more	
4.	The registered agent's	name and registered offi	(month, day, ye Ce arldress is:	ar)
	Registered agent:	RAMIRO First Name	40x	JIMENEZ
	Registered Office: (P.O. Box and	44 Number	Diadle Initial E. NORTH AVE	Last Name
	c/o are unacceptable)	NORTHLAKE	Street L ZIP Code	Suite # 60164 C00)K
5.	Purpose or purposes for (If not sufficient space to cover the	Or Which the LLC is organished to the control of th	nizodi instituti ili ili ili	County County County County
				nies may be organized under
	Business Code #531			
S. ·	The latest date, if any u	t. 1 .u		Doc#: 0404118168 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 02/10/2004 0447 Pt.
		oon which the company is plution enumerated on an		Date: 02/10/2004 04:17 PM Pg: 1 of 2

0404118168 Page: 2 of 2

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	Samuel of the little		IP III NAT CAA	
	Other provisions for the regulation of the intentifyes, state the provisions(s) from the ILLCA.	☐ Yes	X No	اماری عندی (a) (b) included as attachm
. .	a) Management is by manager(s):	☐ Yes	🛣 No	
	If yes, list names and business addresses.		∡ No	
b #	y) Management is vested in the member(s): f yes, list names and addresses.	Yes	☐ No	
	Ramiro Jimenez	7 Wellinaton	Dr. Bloomir	ngdale, IL 60108
J	lorge Sanchez	Wellington	Dr. Bloomir	igdale, IL 60108 igdale, IL 60108
	O/r			3
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19	IIIIIII. Under penaltion of particle 1			
of	my knowledge and belief, true, correct and con	ity to sign here	eto, that these	articles of organization are to the he
	<u> </u>		eto, that these i	articles of organization are to the be
		ity to sign here n lete. 2004 (Year)	eto, that these	articles of organization are to the be
Da	rted <u>February</u> 0.5 (Month/Day)	2054	eto, that these	articles of organization are to the be
Da	ted <u>February</u> ೦೨	2054	eto, that these	articles of organization are to the be . Address(es)
Da Si	ited February 05 (Month/Day) Ignature(s) and Name(s) of Organizer(s)	2054	9023	Address(es)
Da Si	Ignature(s) and Name(s) of Organizer(s) Signature Signature RYLOU LINARES.	2054	9023 Number	Address(es) W. CERMAK ROAD
Da Si	Ignature(s) and Name(s) of Organizer(s) Signature RYLOU LINARES, (Type or print name and title)	(Year)	9023 Number	Address(es) W. CERMAK ROAD Street H. RIVERSIDE C. Town
Da Si	ignature(s) and Name(s) of Organizer(s) Signature RYLOU LINARES, (Type or print name and title) (Name if a corporation or other entity)	(Year)	9023 Number NORT	Address(es) W. CERMAK ROAD Street H RIVERSIDE
Da Si	(Month/Day) Ignature(8) and Name(s) of Organizer(s) Signature RYLOU LINARES, (Type or print name and title) (Name if a corporation or other entity) Signature	(Year)	9023 Number NORT	Address(es) W. CERMAK ROAD Street H. RIVERSIDE C. Town 60546
Da Si	ignature(s) and Name(s) of Organizer(s) Signature RYLOU LINARES, (Type or print name and title) (Name if a corporation or other entity)	(Year)	9023 Number NORT LINOIS State	Address(es) W. CERMAK ROAD Street H RIVERSIDE C. Town 60546 ZIP Code
Da Si	(Month/Day) Ignature(8) and Name(s) of Organizer(s) Signature RYLOU LINARES, (Type or print name and title) (Name if a corporation or other entity) Signature	(Year)	9023 Number NORT LINOIS State	Address(es) W. CERMAK ROAD Street H. RIVERSIDE C. Town 60546 ZIP Code Street
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al document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.) LLC-4.8